



GEORGIA MEDICAID FEE-FOR-SERVICE MAKENA PA SUMMARY

STATUS: Preferred

LENGTH OF AUTHORIZATION: Up to 21 weeks

NOTE:

- ❖ If medication is being administered in a physician's office, then it must be billed through the DCH physician's injectable program and not the outpatient pharmacy program. Information regarding the physician's injectable program is located at www.mmis.georgia.gov/portal.

PA CRITERIA:

- ❖ Approvable if administered in member's home by home health or in a long-term care facility

AND

- ❖ Member must be 16 years of age or older and have a confirmed pregnancy with one fetus of gestational age between 16 weeks, 0 days and 20 weeks, 6 days

AND

- ❖ Member must have a history of at least one singleton spontaneous preterm birth

AND

- ❖ Member must not have a current or history of thrombosis or thromboembolic disorders; known, history of, or suspected breast cancer or other hormone-sensitive cancer; undiagnosed abnormal vaginal bleeding unrelated to pregnancy; cholestatic jaundice of pregnancy; benign or malignant liver tumors; active liver disease; or uncontrolled hypertension.

Please note the Medicaid FFS and all Medicaid CMO plans offer the use of a Universal 17-P form for PA request. You can use this form to submit your request for PA or call the PA request line. The form for submission of this request is found directly below the Makena PA criteria summary on our web page.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827**.

PREFERRED DRUG LIST:

- ❖ For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.



PA and APPEAL PROCESS:

- ❖ For online access to the PA process, please go to <http://dch.georgia.gov/prior-authorization-process-and-criteria> and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the Quantity Level Limits (QLL), please go to <https://www.mmis.georgia.gov/portal>, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.